



STUDENT INFORMATION

Student Name: _____

ID#: _____ Grade: _____

Address: _____

Date of Birth: _____

Counselor Name: _____

Home School: _____

Directions for Counselor:

- Review the student's transcript and Letter of Understanding
- Determine which course is needed to satisfy graduation requirements
- Verify that the student needs 3.0 credits or fewer to graduate and will be eligible for graduation after successfully completing course(s) in the summer credit recovery program
- List each course in the chart below
- After completing this form, fax this form and a copy of the student's transcript to Derek Brown, Manager of Credit Recovery Programs, at 202-535-2337

Course Name	Course Code	Credit Value	Graduation requirement course will count towards

SIGNATURES

Counselor: _____

Date: _____

Day School Principal: _____

Date: _____

DCPS Manager: _____

Date Received: _____

Time Received: _____